

NO 6 0000002483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2011

WILLIAM SUTTON
PROGRESSIVE COMMUNITY MANAGEMENT, INC.
3701 S. OSPREY AVENUE
SARASOTA, FL 34239

SUBJECT: OAK TRAIL CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000002483

We have received your document for OAK TRAIL CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The subject entity was administratively dissolved or its certificate of authority was revoked for failure to appoint and maintain a registered agent. To reinstate the entity, please complete the enclosed form. The total fee due is \$635.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

THE REINSTATEMENT FEE IS \$600.00 AND THE STATEMENT OF CHANGE FORM IS \$35.00, TOTALLING \$635.00.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 011A00020337

Per our phone conversation, enclosed is the change of Registered Agent form and check for \$210⁰⁰ - \$175.⁰⁰ for Reinstatement of Non-Profit Corp 35⁰⁰ for Change of Registered Agent.

*Barbara Manning
Progressive Community Management Inc.*

RECEIVED
11 SEP 21 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oak Trail Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000002483

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Sutton
Name of Contact Person

Progressive Community Management, Inc.
Firm/Company

3701 S. Osprey Avenue
Address

Sarasota, FL 34239
City/State and Zip Code

office@pcmfla.com
E-mail address: (to be used for future annual report notification)

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11 AUG 30 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

William Sutton at (941) 921-5393
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

REINSTATEMENT

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Oak Trail Condominium Association, Inc.
2. The principal office address: 3701 S. Osprey Avenue
Sarasota, FL 34239
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/27/06 Document number: N06000002483
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Progressive Community Management, Inc.

3701 S. Osprey Avenue

P.O. Box NOT acceptable

Sarasota, FL 34239

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

James V. Armstrong
Signature of an officer or director

James V. Armstrong President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity,
further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

William Sutton
Signature of Registered Agent

8/24/11
Date

If signing on behalf of an entity:

William Sutton
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314